

# TCD File Inventory Index

Date: September 10, 2002

Initial: CMK/...

Facility Name: <u>High Energy &amp; Engine Management Systems (Scientific - the other site)</u>			
Facility Identification Number: <u>MID 980 528 620</u>			
A.1 General Correspondence		B.2 Permit Docket (B.1.2)	
A.2 Part A / Interim Status		.1 Correspondence	
<u>A.2</u>	<u>1</u>	.2 All Other Permitting Documents (Not Part of the ARA)	
.1 Correspondence	<u>Y</u>	C.1 Compliance - (Inspection Reports)	
.2 Notification and Acknowledgment	<u>Y</u>	<u>See C-2</u>	
.3 Part A Application and Amendments	<u>Y</u>	C.2 Compliance/Enforcement	
.4 Financial Insurance (Sudden, Non Sudden)	<u>Y</u>	<u>See C-2</u>	<u>1</u>
.5 Change Under Interim Status Requests		.1 Land Disposal Restriction Notifications	
.6 Annual and Biennial Reports	<u>Y</u>	.2 Import/Export Notifications	
A.3 Groundwater Monitoring		C.3 FOIA Exemptions - Non-Releasable Documents	
.1 Correspondence		D.1 Corrective Action/Facility Assessment	
.2 Reports		.1 RFA Correspondence	
A.4 Closure/Post Closure		.2 Background Reports, Supporting Docs and Studies	
.1 Correspondence		.3 State Prelim. Investigation Memos	
<u>A.4.1 - A.4.2 - A.4.5</u>	<u>1</u>	.4 RFA Reports	<u>1</u>
.2 Closure/Post Closure Plans, Certificates, etc		D. 2 Corrective Action/Facility Investigation	
<u>See A.4.1</u>		.1 RFI Correspondence	
A.5 Ambient Air Monitoring		.2 RFI Workplan	
.1 Correspondence		.3 RFI Program Reports and Oversight	
.2 Reports		.4 RFI Draft /Final Report	
B.1 Administrative Record			

Total - 4

.5 RFI QAPP		.7 Lab data, Soil Sampling/Groundwater	
.6 RFI QAPP Correspondence		.8 Progress Reports	
.7 Lab Data, Soil-Sampling/Groundwater		<b>D.5 Corrective Action/Enforcement</b>	
.8 RFI Progress Reports		.1 Administrative Record 3008(h) Order	
.9 Interim Measures Correspondence		.2 Other Non-AR Documents	
.10 Interim Measures Workplan and Reports		<b>D.6 Environmental Indicator Determinations</b>	
<b>D.3 Corrective Action/Remediation Study</b>		.1 Forms/Checklists	
.1 CMS Correspondence		<b>E. Boilers and Industrial Furnaces (BIF)</b>	
.2 Interim Measures		.1 Correspondence	
.3 CMS Workplan		.2 Reports	
.4 CMS Draft/Final Report		<b>F Imagery/Special Studies</b> (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)	
.5 Stabilization		<b>G.1 Risk Assessment</b>	
.6 CMS Progress Reports		.1 Human/Ecological Assessment	
.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
<b>D.4 Corrective Action Remediation Implementation</b>		.3 Enforcement Confidential	
.1 CMI Correspondence		.4 Ecological - Administrative Record	
.2 CMI Workplan		.5 Permitting	
.3 CMI Program Reports and Oversight		.6 Corrective Action Remediation Study	
.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI Correspondence		.9 Environmental Justice	

Note: Transmittal Letter to Be Included with Reports.

Comments: \_\_\_\_\_

Region III Headquarters  
P.O. Box 30028, Lansing, MI 48909

March 8, 1989

Mr. Dick Hubler  
General Supervisor  
AC Spark Plug Division  
General Motors Corporation  
1300 North Dort Highway  
Flint, MI 48556

Re: MID 980568620  
MID 005356647

Dear Mr. Hubler:

On March 2, 1989, staff of the Michigan Department of Natural Resources conducted an inspection of your facilities located in Flint, Michigan to evaluate compliance of these facilities with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended. Enclosed are copies of the inspection reports for your information.

This inspection revealed that your facilities were in compliance with the RCRA requirements evaluated at the time of the inspection. Compliance with these requirements does not limit the applicability of other provisions of the RCRA regulations.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

*Leroy Vahovick*  
Leroy Vahovick  
Env. Quality Analyst  
WASTE MANAGEMENT DIVISION  
Lansing District  
517-322-5104

LV:mj

Attachments

## RCRA/ACT 64 INSPECTION REPORT

U.S. EPA I.D. NUMBER M 1 1 0 0 5 3 5 6 6 4 7  
(or Michigan)FACILITY NAME  
(Mailing Address)AC Spark plug Div of GM  
1300 N. Dort Highway  
Flint MICHIGAN 48556  
CITY ZIP CODEDATE 3/2/88 TIME OF INSPECTION (FROM) 9:00 (TO) 12:30 p

PERSON(S) INTERVIEWED

TITLE

TELEPHONE

Dick Hubler Gen Supervisor 313-257 6257

INSPECTOR(S)

AGENCY/TITLE

TELEPHONE

Leroy Vahovic MDNR Env Quality Analyst 917 322 1300Primary Business of this Facility: Automotive parts mfg

Reason for Inspection:



Routine

☐ Follow-up☐ Complaint

INSPECTION FORMS:

FORM

Based upon the inspection, this facility:

- ☐ is a non-generator/conditionally exempt small quantity generator
- ☐ small quantity generator
- ☒ generator
- ☐ transporter
- ☒ treatment/storage/disposal facility

A  
A  
E  
C  
EDate of Last Inspection 3/2/88

INSPECTION FORM D  
Part 6 of Rules  
P.A. 64 of 1979

TREATMENT, STORAGE, DISPOSAL FACILITY

This Facility:

- ☒ Generates Hazardous Waste (Also use Generator Appendix)
- ☐ Treats Hazardous Waste
- ☒ Stores Hazardous Waste
- ☐ Disposes of Hazardous Waste
- ☐ Transports Hazardous Waste (Also use Form C)

This Facility:

- ☐ Accepts wastes from off-site sources
- ☒ Handles only its own wastes

If applicable, hazardous waste is stored in the following:

- ☒ Drums (Containers)
- ☐ Above-ground tanks
- ☒ Underground tanks
- ☐ Waste piles
- ☐ Lagoons
- ☐ Other
- ☐ Not applicable

If applicable, hazardous wastes are treated/disposed in the following:  
(Attach appropriate checklist) *None on site*

- ☐ Surface Impoundments
- ☐ Waste piles
- ☐ Land Treatment
- ☐ Landfills
- ☐ Incineration/Thermal Treatment
- ☐ Chemical, Physical and Biological Treatment
- ☐ Above-ground tanks

# INSPECTION D

\_\_\_\_ Underground tanks

\_\_\_\_ Drums

\_\_\_\_ Other

\_\_\_\_ Not applicable

## WASTE STREAMS

Hazardous Waste  
\_\_\_\_ Code/Name

\_\_\_\_ Source

Type  
\_\_\_\_ of Storage

\_\_\_\_ How Much

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSPECTION FORM D  
Part 6 Rules  
P.A. 64 of 1979

HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITY  
Applies to Those Facilities That Do Not Have an Act 64 Permit

General Facility Standards  
Rule 601, 40 CFR 265, Subpart B

<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation</u> <u>Class</u>
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1. If required, have the following been notified:

a.) Notified Director of receipt of hazardous waste from a foreign source? 265.12(a)

—	—	✓	II
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b.) Notified Director of change of owner or operator.  
40 CFR Part 270. 265.12(b)

—	—	—	II
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Comments: \_\_\_\_\_

2. General Waste Analysis: 265.13

a.) Has the owner or operator obtained a detailed chemical and physical analysis of the waste? 265.13(a)

✓	—	—	I
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b.) Does the owner or operator have a detailed waste analysis plan on file at the facility? 265.13(b)

✓	—	—	I
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c.) Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site? 265.13(c)

—	—	✓	I
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Comments: handle only their own wastes

## INSPECTION FORM D

Yes	No	N/A	Violation Class
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3. Security - If applicable, do security measures include:

a.) 24-hour surveillance? 265.14(b)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
or				
b.) i. Artificial or natural barrier around facility? 265.14(b)(2)(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
and				
ii. Controlled entry? 265.14(b)(2)(ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
c.) Danger sign(s) at entrance? 265.14(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I

Comments: \_\_\_\_\_

4. Owner or operator inspections: 265.15\*

a.) Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment? 265.15(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
b.) Does the owner or operator have a written inspection schedule at the facility? 265.15(b)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
c.) If so, does the schedule address the inspection of the following items:				
i. Monitoring equipment? 265.15(b)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
ii. Safety and emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
iii. Security devices? 265.15(b)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
iv. Operating and structural equipment (i.e. dikes, pumps, etc.)? 265.15(b)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II

\* These violations are Class II, unless observations of hazardous conditions or violations are noted in the log and not corrected which result in the release or actual harm to the environment or human health; in such instances violations are Class I.



INSPECTION FORM D

Yes	No	N/A	Violation Class
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- v. Type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)? ☒ ☐ ☐ II
- vi. inspection frequency (based upon the possible deterioration rate of the equipment)? 265.15(b)(4) ☒ ☐ ☐ II
- d.) Are areas subject to spills inspected daily when in use? 265.15(b)(4) ☒ ☐ ☐ II
- e.) Does the owner or operator maintain an inspection log or summary of owner or operator inspections? ☒ ☐ ☐ II
- f.) Does the inspection log contain the following information: 265.15(d)
- i. The date and time of the inspection? 265.15(d) ☒ ☐ ☐ II
- ii. The name of the inspector? 265.15(d) ☒ ☐ ☐ II
- iii. A notation of the observations made? 265.15(d) ☒ ☐ ☐ II
- iv. The date and nature of any repairs or remedial actions? 265.15(d) ☒ ☐ ☐ II

Comments:

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5. Do personnel training records include: 265.16

- a.) Job titles? 265.16(d)(1) ☒ ☐ ☐ I
- b.) Job descriptions? 265(d)(2) ☒ ☐ ☐ I
- c.) Description of training? 265.16(d)(3) ☒ ☐ ☐ I

## INSPECTION FORM D

	Yes	No	N/A	Violation Class
d.) Records of training? 265.16(d)(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
e.) Do new personnel receive re- quired training within six months? 265.16(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
f.) Do personnel training records indicate that personnel have taken part in an annual review of training? 264.16(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I

Comments: \_\_\_\_\_

6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed?  
265.17

a.) Special handling? 265.17(a)

b.) No smoking signs? 265.17(a)

c.) Separation and protection from  
ignition sources? 265.17(a)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I

Comments: \_\_\_\_\_

PREPAREDNESS AND PREVENTION  
Rule 606, 40 CFR 265, Subpart C

1. Is there any evidence of fire, explosion,  
or release of hazardous waste or hazard-  
ous waste constituents 40 CFR Rule 265.31

<input checked="" type="checkbox"/>	<input type="checkbox"/>	I
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Comments: \_\_\_\_\_

## INSPECTION FORM D

Violation  
Class

Yes No N/A

2. If required, does this facility have the following equipment: 40 CFR 265.32

a.) Internal communications or alarm systems. 40 CFR 265.32(a)

☒ ☐ ☐ I

b.) Telephone or 2-way radios at the scene of operations. 40 CFR 265.32(b)

☐ ☐ ☒ I

c.) Portable fire extinguishers, fire control, spill control equipment and decontamination equipment. 40 CFR 265.32(c)

☒ ☐ ☐ I

d.) Indicate the volume of water and/or foam available for fire control.

CITY WATER

Comments: Water Tower

3. Testing and Maintenance of Emergency Equipment: 265.33

a.) Has the owner or operator established testing and maintenance procedures for emergency equipment? 265.33

☒ ☐ ☐

b.) Is emergency equipment maintained in operable condition? 265.33

☒ ☐ ☐

c.) If required, has owner or operator provided immediate access to internal alarms? 40 CFR 265.34(a)

☒ ☐ ☐

d.) Is there adequate aisle space for unobstructed movement for personnel and emergency equipment. 40 CFR 265.35.

☒ ☐ ☐ I

## INSPECTION FORM D

Yes	No	N/A	Violation Class
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Comments: \_\_\_\_\_

4. Has the owner or operator attempted to make arrangements with local authorities in case of emergencies. 40 CFR 265.37

✓			II
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Comments: \_\_\_\_\_

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

Rule 607, 40 CFR 265 Subpart D.

1. Does the contingency plan contain the following information:

*updated Feb 28th 1989*

- a.) The actions facility personnel must take to comply with 265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (As applicable). 265.52(a)

✓			I
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- b.) Arrangements or attempts to make arrangements agreed to by local police departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to 40 CFR 265.52(c) 265.37

✓			II
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- c.) Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator. 40 CFR 265.52(d)

✓			II
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## INSPECTION FORM D

Yes	No	N/A	Violation Class
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d.) A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities. 40 CFR 265.52(e)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
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e.) An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.) 40 CFR 265.52(f)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
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f.) Is the facility emergency coordinator identified. 40 CFR 265.55

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
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g.) Is coordinator familiar with all aspects of site operation and emergency procedures. 40 CFR 265.55

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
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h.) Does the Emergency Coordinator have the authority to carry out the Contingency Plan. 40 CFR 265.55

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
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i.) If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in 265.53.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I
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j.) Has contingency plan been amended to reflect changes in regulations, plan failure, changes in the facility, list of emergency coordinators, changes in emergency equipment. 40 CFR 265.54

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
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Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INSPECTION FORM D

Yes	No	N/A	Violation Class
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2. Are copies of the contingency plan available at site and local emergency organizations. 40 CFR 265.53(a) 264.53(b)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
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Comments: \_\_\_\_\_

USE OF MANIFEST SYSTEM  
Rule 601(2)(b)

1. Does this facility receive hazardous waste accompanied by a manifest. If yes, complete the following:

- a.) Are copies signed and dated.

Rule 608(1)(a)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
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- b.) Are significant discrepancies noted on the manifest.

Rule 608(1)(b)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
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- c.) Are transporters given 1 copy of the signed manifest.

Rule 608(1)(c)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
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- d.) Are copies sent to the generator within 30 days. Rule 608(1)(d)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
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- e.) Are copies of the manifest retained for 3 years.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
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- f.) Are copies of the manifest returned to DNR within 10 days after end of month. Rule 608(1)(f)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
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Comments: \_\_\_\_\_

INSPECTION FORM D

Yes	No	N/A	Violation Class
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2. Does this facility ship hazardous waste off-site. If yes, complete Generator Appendix. Rule 608(3)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
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Comments: \_\_\_\_\_

3. For unreconciled significant discrepancies in manifests has the Director been notified. Rule 608(4)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I
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Comments: \_\_\_\_\_

RECORDKEEPING

Rule 601(3) 40 CFR 265. Subpart E

1. Does the owner or operator of this facility maintain an operating record? Rule 609(1)

*No waste stored over 90 days*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: \_\_\_\_\_

2. Does this operating record contain: 265.73

- a.) The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265.73(b)(1) Appendix E

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	II
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## INSPECTION FORM D

	Yes	No	N/A	Violation Class
b.) The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.) 265.73(b)(2)	_____	_____	<input checked="" type="checkbox"/>	II
c.) If this facility disposes of hazardous waste on-site, is there a map or diagram of disposal area. 265.73(b)(2)	_____	_____	_____	II
d.) Records and results of all waste analyses, trial tests, monitoring data, and operator inspections? 265.73(b)(3)	_____	_____	_____	II
e.) Reports detailing all incidents that required implementation of the Contingency Plan? 265.73(b)(4)	_____	_____	_____	II
f.) Records and results of inspections as required in 40 CFR 264.15(d) 265.73(b)(5)	_____	_____	_____	II
g.) <u>If required</u> , monitoring, testing, or analytical when required by construction permit or operating license. Rule 265.73(b)(6)	_____	_____	_____	II
h.) Closure and post closure cost estimates. 265.73(b)(7)	_____	_____	_____	II

Comments: \_\_\_\_\_

3. Are all required records available and maintained for at least 3 years.  
265.74(3)

II



## INSPECTION FORM D

Yes	No	N/A	Violation Class
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Comments: \_\_\_\_\_

REPORTING

1. Has the owner or operator submitted a biennial report to the required administration by March 1 of even numbered years? 263.75

		✓	II
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Comments: \_\_\_\_\_

2. If applicable, for TSD's that receive hazardous waste from off-site sources. Rule 265.76

		✓	I
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- a.) Has the facility accepted any hazardous waste from an off-site generator subject to Rule 205 without a manifest or shipping paper?

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- b.) If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.

			I
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USE AND MANAGEMENT OF CONTAINERS  
Drums/Roll-off Boxes/Gondolas

1. Is hazardous waste accumulated in containers? If no, skip to tank section.

	✓		N/A
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2. a.) Is each container clearly marked with accumulation date and hazardous waste number Rule 306(1)(c)? If no, how many

	✓		I
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## INSPECTION FORM D

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation</u> <u>Class</u>
b.) Has more than 90 days elapsed since date marked (Operating license needed as required in Part 5 of Rules) If yes, how many drums _____ Accumulation dates _____		<input checked="" type="checkbox"/>		I
c.) Is each container labeled or marked clearly with the words "Hazardous Waste" rule 306(c). If no, how many _____	<input checked="" type="checkbox"/>			I
d.) Are containers in good condition Rule 306(1)(a), 40 CFR 265.171. If no, specifically what is their conditions. _____	<input checked="" type="checkbox"/>			I
e.) Are containers compatible with waste in them. RULE 306(1)(a) 40 CFR 265.172. If no, explain _____	<input checked="" type="checkbox"/>			I
f.) Are containers stored closed, Rule 306(1)(a), 40 CFR 265.173(a) If no, how many _____	<input checked="" type="checkbox"/>			I
g.) Are containers managed to prevent leaks? Rule 306(1)(a), 40 CFR 265.173(b) If no, explain _____	<input checked="" type="checkbox"/>			I
h.) Are containers inspected weekly for leaks and defects? Rule 306(1)(a) 40 CFR 265.174.	<input checked="" type="checkbox"/>			I
i.) Are ignitable and reactive wastes stored at least 15 meters (50 Feet) from property line? (Indicate if waste is ignitable or reactive) Rule 306(1)(a) 40 CFR 265.176. If no, explain _____	<input checked="" type="checkbox"/>			I
j.) Are incompatible wastes stored in separate containers (If not the provisions of 40 CFR 265.17(b) apply) Rule 306(1)(a) 40 CFR 265.176. If no, explain _____			<input checked="" type="checkbox"/>	I

## INSPECTION FORM D

Yes	No	N/A	Violation Class
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- k.) Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance? Rule 306(1)(a) 40 CFR 265.177.

		✓	I
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Comments: \_\_\_\_\_

3. If storing free liquid, does hazardous waste storage area include: rule 306(1)(a) 40 CFR 264.175.

- a.) Impervious base free of cracks. 40 CFR 264.175(b)(1)

✓			I
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- b.) Containment capable of holding 10% of volume of containers or 10% of largest container whichever is greater.

✓			I
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Comments: \_\_\_\_\_

4. Is hazardous waste being accumulated at the point of generation, Rule 306(2)

	✓		N/A
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If yes:

- a.) Is container less than 55 gallons or one quart of acutely hazardous waste? Rule 306(2)

		✓	I
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- b.) Is container under control or operator and near point of generation and under control of operator? Rule 306(2)

			I
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- c.) Are containers in good condition? Rule 306(2) 40 CFR 265.171

			I
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## INSPECTION FORM D

Violation

Yes	No	N/A	Class
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- d.) Are containers compatible with waste in them? Rule 306(2) 40 CFR 265.172

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
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- e.) Are containers stored closed when not in use and managed to prevent leaks? Rule 306(2) 40 CFR 265.173

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
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- f.) Are containers marked with the words "Hazardous Waste" and waste number (or other words that identify the contents) Rule 306(2)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
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Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TANKS

1. Is hazardous waste accumulated in tanks? If no, skip to c.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
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- a.) Is each tank labeled or marked with the words "Hazardous Waste", Rule 306(1)(a), 40 CFR 252.34(a)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
--------------------------	--------------------------	--------------------------	---

- b.) Are tanks used to store only those wastes which will not cause corrosion, leaking or premature failure of the tank? Rule 306(1)(a), 40 CFR 262.192(b).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
--------------------------	--------------------------	--------------------------	---

- c.) Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structure. Rule 306(1)(a), 40 CFR 265.192(c)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
--------------------------	--------------------------	--------------------------	---

- d.) Do continuous feed systems have a wastefeed cutoff? Rule 306(1)(a), 40 CFR 265.192(d).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
--------------------------	--------------------------	--------------------------	---

- e.) Are required daily and weekly inspections done? Rule 306(1)(a), 40 CFR 265.194?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
--------------------------	--------------------------	--------------------------	----

## INSPECTION FORM D

Yes	No	N/A	Violation Class
-----	----	-----	--------------------

f.) Are reactive and ignitable wastes in tanks protected or rendered non-active or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements. 261.21 or 261.23 Rule 306(1)(a), 40 CFR 265.199

II

g.) Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.) Rule 306(1)(a), 40 CFR 265.199.

I

h.) Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes? Rule 306(1)(a) 40 CFR 198 (3)(b)

I

Tank capacity: \_\_\_\_\_ gallons

Tank diameter: \_\_\_\_\_ feet

Distance of tank from property line \_\_\_\_\_ feet.

(See tables 2-1 through 206 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do above ground tanks have a 150% containment area constructed of impervious material, or if tanks hold incompatible wastes is each tank structurally enclosed? Rule 615(3)

I

## INSPECTION FORM D

Yes	No	N/A	Violation Class
-----	----	-----	--------------------

Comments: \_\_\_\_\_

3. Do owners and operators of underground tanks do all the following:

a.) Provide secondary adequate containment and leachate collection system. Rule 615(4)(a)

I

b.) Conduct an inventory of the contents of the tanks at least twice a month. rule 615(4)(b)

I

c.) Conduct leachate sampling at least once a year. Rule 615(4)(c)

I

d.) Maintain an accurate inventory of the tank. Rule 615(4)(d)

I

Comments: \_\_\_\_\_

4. Is hazardous waste accumulated in other than tanks or containers?  
If yes, explain \_\_\_\_\_

N/A

Comments: \_\_\_\_\_

## INSPECTION FORM D

CLOSURE AND POST CLOSURE (Part 265 Subpart G)  
Part 7 of Act 64 Rules

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation Class</u>
1. Closure 265.112				
a.) Is the facility closure plan available for inspection?	<u>✓</u>	<u>  </u>	<u>  </u>	<u>I</u>
b.) Does the plan identify				
i. maximum extent unclosed during facility life?	<u>✓</u>	<u>  </u>	<u>  </u>	<u>I</u>
ii. maximum hazardous waste inventory?	<u>✓</u>	<u>  </u>	<u>  </u>	<u>I</u>
iii. estimated year of closure	<u>✓</u>	<u>  </u>	<u>  </u>	<u>I</u>
iv. schedule of closure activities	<u>✓</u>	<u>  </u>	<u>  </u>	<u>I</u>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## \*2. Post-Closure 265.118 - Act 64 Rules

a.) Is the post-closure plan available for inspection?	<u>  </u>	<u>  </u>	<u>  </u>	<u>I</u>
b.) Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<u>  </u>	<u>  </u>	<u>  </u>	<u>I</u>
ii. description of maintenance activities and frequencies for				
AA. integrity of cap. final cover, or containment structures, where applicable.	<u>  </u>	<u>  </u>	<u>  </u>	<u>I</u>
BB. facility monitoring equipment.	<u>  </u>	<u>  </u>	<u>  </u>	<u>I</u>

## INSPECTION FORM D

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation</u> <u>Class</u>
iii. name, address, and phone number of person or office to contact during post- closure care period?	_____	_____	_____	I _____
c.) Has the post-closure period begun?	_____	_____	_____	N/A _____
d.) -Is the written post-closure cost estimate available? 265.144	_____	_____	_____	I _____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Applies only to disposal facilities.



	Yes	No	N/A	Violation Class
--	-----	----	-----	--------------------

## GENERATOR APPENDIX

### Section A: Scope

Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

#### Manifest Requirements

- |    |     |   |   |     |    |
|----|-----|---|---|-----|----|
| 1. | a.) | Does the generator have copies of the manifest available for review and on-site. 262.40                                   | ✓ |     | II |
|    | b.) | Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. |   | 120 |    |

Comments: \_\_\_\_\_

- |    |  |   |   |  |    |
|----|--|---|---|--|----|
| 2. | Do the manifest forms examined contain the following information (If so, make copies of, or record information from manifests that do not contain the critical elements: |   |   |  |    |
|    | a.)  | Manifest document number (Rule 304(2)(a)?   | ✓ |  | II |
|    | b.)  | The generator's name, mailing address, telephone number, and EPA Identification number. Rule 204(2)(b)      | ✓ |  | II |
|    | c.)  | The name and EPA ID number of transporter. Rule 304(2)(c)   | ✓ |  | II |
|    | d.)  | Name, address, and EPA ID number of designated permitted facility and alternate facility. Rule 304(2)(d)    | ✓ |  | II |
|    | e.)  | The description of waste(s) (DOT shipping name, DOT hazard class, DCT identification number. Rule 304(2)(e) | ✓ |  | II |

# GENERATOR APPENDIX

Violation  
Class

Yes

No

N/A

Class

f.) The total quantity of waste(s) and the type and number of containers loaded. Rule 304(1)(f)

✓

    

    

II

g.) Hazardous waste number describing the wastes. Rule 304(1)(g)

✓

    

    

II

h.) Certification as required in Rule 304(1)(h)

✓

    

    

II

i.) Signatures as required in Rule 304(4)

✓

    

    

I

j.) Waste minimization program/certification

✓

    

    

I

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. Reportable exceptions. Rule 308(3), 40 CFR 262.42

a.) For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. \_\_\_\_\_

*None*

    

    

    

I

b.) For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. \_\_\_\_\_

    

    

    

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RCRA LAND DISPOSAL RESTRICTION INSPECTION

## TSD CHECKLIST

## TSD REQUIREMENTS

A. General Facility Standards

1. Does the waste analysis plan cover Part 268 requirements [264.13 or 265.13]?

o F-solvent ☒ Yes ☐ No ☐ NA  
 o California List ☒ Yes ☐ No ☐ NA  
 o First Third ☒ Yes ☐ No ☐ NA

2. Does the facility obtain representative chemical and physical analyses of wastes and residues?

☒ Yes ☐ No

- a. What date was the waste analysis plan last revised? 1988

- b. Are analyses conducted on-site or off-site?

☐ On-site ☒ Off-site

Identify off-site lab: Burma Technica

- c. Is F-solvent waste analyzed using TCLP?

☒ Yes ☐ No ☐ NA

- d. Is First Third waste analyzed using the analytical method that is appropriate for the objective of the specified BDAT (i.e., total constituent analysis for destruction technologies and TCLP for stabilization/fixation technologies)?

☒ Yes ☐ No ☐ NA

Note: The appropriate analytical methods (TCLP or total constituent) for first third wastes with specified treatment standards are given in Appendix D.

- e. Describe the frequency of sampling: Minimum of once per year - in some cases by the month

3. Are the operating records, including analyses and quantities, complete [264.73/265.73]?

☒ Yes ☐ No

B. Storage (268.50)

1. Are restricted wastes stored on-site?

☒ Yes ☐ No

If no, go to C, Treatment.

2. If yes, check the appropriate method.

☒ Tanks  
☒ Containers

3. Are all containers clearly marked to identify the contents and date(s) entering storage?

☒ Yes ☐ No ☐ NA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do operating records track the location, quantity of the wastes, and dates that the wastes enter and leave storage?

☒ Yes ☐ No

5. Do operating records agree with container labeling?

☒ Yes ☐ No ☐ NA

6. Do operating records contain copies of the notice, certification, and demonstration (if applicable) from the generator for the past 5 years?

☐ Yes ☐ No *N/A*

7. Have wastes been stored for more than 1 year since the applicable LDR regulations went into effect?

\_\_\_\_ Yes    ☒ No    \_\_\_\_ NA

If yes, can the facility show that such accumulation is necessary to facilitate proper recovery, treatment, or disposal?

\_\_\_\_ Yes    \_\_\_\_ No

If yes, state how: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have tanks been emptied at least once per year since the applicable LDR regulations went into effect?

☒ Yes    \_\_\_\_ No    \_\_\_\_ NA

If yes, do the operating records show that the volume of waste removed from tanks annually equals or is more than the tank volume?

☒ Yes    \_\_\_\_ No

9. Are all tanks clearly marked with a description of the contents, the quantity of wastes received, and date(s) entering storage, or is such information recorded and maintained in the operating record?

☒ Yes    \_\_\_\_ No    \_\_\_\_ NA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Treatment

N/A

1. Does the facility treat restricted wastes other than in surface impoundments?

\_\_\_\_ Yes    \_\_\_\_ No

If no, go to D, Treatment in Surface Impoundments.

2. Describe the treatment processes:

---



---



---

3. Does the facility, in accordance with an acceptable waste analysis plan, determine whether the residue or residue extract (for treatment standards expressed as concentrations in the waste extract) from all treatment processes is less than treatment standards [268.7(b)]?

\_\_\_\_ Yes      \_\_\_\_ No

4. Is dilution used as a substitute for treatment?

\_\_\_\_ Yes      ☒ No

*No treatment at  
this facility*

6. Are notifications, demonstration, and certification (if applicable) prepared by the generators kept in the facility's operating record?

\_\_\_\_ Yes      \_\_\_\_ No

7. Does the facility ship any waste or treatment residue that meets the treatment standards to an off-site disposal facility?

\_\_\_\_ Yes      ☒ No      \_\_\_\_ NA

If yes, does the treatment facility provide notification and certification to the disposal facility?

\_\_\_\_ Yes      \_\_\_\_ No

If yes, does notification contain the following?

EPA Hazardous waste number(s)      \_\_\_\_ Yes      \_\_\_\_ No

Applicable treatment standards      \_\_\_\_ Yes      \_\_\_\_ No

Manifest number      \_\_\_\_ Yes      \_\_\_\_ No

Waste analysis data, if available      \_\_\_\_ Yes      \_\_\_\_ No

Certification that the waste meets the treatment standards      \_\_\_\_ Yes      \_\_\_\_ No

Identify off-site disposal facilities:

---



---



---

8. Does the facility ship any "soft hammer" waste to an off-site disposal facility?

\_\_\_\_ Yes    ☒ No    \_\_\_\_ NA

If yes, does the treatment facility send a copy of the generator's demonstration (if applicable) and certification to the disposal facility?

\_\_\_\_ Yes    \_\_\_\_ No

D. Treatment in Surface Impoundments

1. Are restricted wastes placed in surface impoundments for treatment?

\_\_\_\_ Yes    ☒ No

If no, go to E, Land Disposal.

2. If yes, did the facility submit to the Agency the waste analysis plan and certification of compliance with minimum technology and ground-water monitoring requirements?

\_\_\_\_ Yes    \_\_\_\_ No

3. If the minimum technology requirements have not been met, has a waiver been granted for that unit?

\_\_\_\_ Yes    \_\_\_\_ No    \_\_\_\_ NA

4. Are representative samples of the sludge and supernatant from the surface impoundment tested separately, acceptably, and in accordance with the sampling frequency and analysis specified in the waste analysis plan?

\_\_\_\_ Yes    \_\_\_\_ No

Attach test results.

5. Do the hazardous waste residues (sludges or liquids) exceed the treatment standards specified in 268.41, or where no treatment standards are established for a waste, the applicable prohibition levels?

\_\_\_\_ Yes    \_\_\_\_ No

N/A  
TSD

6. Provide the frequency of analyses conducted on treatment residues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the operating record adequately document the results of waste analyses performed in accordance with 268.41?  
  
\_\_\_\_\_ Yes \_\_\_\_\_ No

8. Do the hazardous waste residues exceed the treatment standards (268.41) or do not meet the prohibition levels?

Sludge \_\_\_\_\_ Yes \_\_\_\_\_ No

Supernatant \_\_\_\_\_ Yes \_\_\_\_\_ No

a. If yes, are sludge and supernatant removed adequately on an annual basis?

\_\_\_\_\_ Yes \_\_\_\_\_ No

b. Are adequate precautions taken to protect liners, and do records indicate that liner integrity is inspected?

\_\_\_\_\_ Yes \_\_\_\_\_ No

c. Are residues subsequently managed in another surface impoundment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

d. Are residues treated prior to disposal?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, are waste residues treated on-site or off-site?

\_\_\_\_\_ On-site \_\_\_\_\_ Off-site

Identify treatment method: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



E. Land Disposal

1. Are restricted wastes placed in land disposal units such as landfills, surface impoundments, waste piles, wells, land treatment units, salt domes/beds, mines/caves, or concrete vault or bunker?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Note: Do not include surface impoundments addressed in D, Treatment in Surface Impoundments.

If yes, specify which units and what wastes each unit has received: \_\_\_\_\_  
\_\_\_\_\_

2. Are these wastes disposed of in a new, replacement, or laterally expanded landfill or impoundment that meets the minimum technology requirements (double liner and leachate collection) and groundwater monitoring?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Does the facility operating record have notices, certifications, and demonstration (if applicable) from generators/storer/treaters for 5 years [268.7(c); 268.7(a),(b)]?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Does the facility obtain waste analysis data or test the wastes (according to the waste analysis plan) to determine that the wastes comply with the applicable treatment standards [268.7(c)]?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, at what frequency? \_\_\_\_\_  
\_\_\_\_\_

5. If restricted wastes that exceed the treatment standards are placed in land disposal units (excluding national capacity variances) [268.30(a)], does facility have an approved waiver based on no migration petition [268.6], an approved case-by-case capacity extension [268.5], or variance [268.44]?

\_\_\_\_\_ Yes \_\_\_\_\_ No

6. Does the facility dispose of restricted wastes that are subject to a national capacity variance?

\_\_\_\_\_ Yes \_\_\_\_\_ No

*NA*  
TSD

7. Does the facility have notices [268.7(a)(3)] and records of disposal for disposed wastes that are subject to a national capacity variance, case-by-case extensions [268.5], or no migration petitions [268.6]?

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ NA

8. What is the volume of the restricted wastes disposed of to date?

\_\_\_\_\_  
\_\_\_\_\_

9. If the facility has a case-by-case extension, is the facility making progress as described in progress reports?

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ NA

February 24, 1986

Mr. Richard Hubler  
General Supervisor  
AC Spark Plug Div. of GM  
1601 N. Averill Engineering Facility  
Flint, MI 48556

Re: MID 980568620  
Engineering Facility

Dear Mr. Hubler:

On February 19, 1986, staff of the Department of Natural Resources conducted an investigation of your facility located at 1601 N. Averill in Flint, Michigan to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended.

My inspection revealed that your facility was in compliance with the RCRA requirements evaluated at the time of the inspection. Compliance with these requirements does not limit the applicability of other provisions of the RCRA regulations. Enclosed is a copy of the inspection report for your information.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

Leroy Vahovick  
Env. Quality Analyst  
DNR - Lansing District  
HWD - Region III  
P.O. Box 30028  
Lansing, MI 48909

LV/ms

Enclosure

cc: U.S. EPA - Region V

# RCRA Inspection Report

EPA Identification Number: M-I-D 980508620

Installation Name: AC Spark Plug Div of GM

Location Address: 1601 N Howell Engineering Facility

City: Flint State: Mich 48556

Date of inspection: 2/19/80 Time of inspection (from) 12:30p (to) 3:00p

Person(s) interviewed	Title	Telephone
<u>Richard L. Hobler</u>	<u>Gen Supervisor</u>	<u>313-257-6257</u>
_____	_____	_____
_____	_____	_____

Inspector(s)	Agency/Title	Telephone
<u>Lenox Vahovick</u>	<u>MDNR Env Facility Analyst</u>	_____

Installation Activity (mark only one box) Inspection Form(s)

- ☒ Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation A
- ☐ Treatment/Storage/Disposal (no generation or Transportation) A
- ☐ Generation and Transportation B, C
- ☐ Generation only B
- ☐ Transportation only C

*This facility does not generate or store hazardous waste Regulated under RCRA at this site location.*

# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

### Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

YES    NO    NI\*    Remarks

1. Has the Regional Administrator been notified regarding: 265.12

a. Receipt of hazardous waste from a foreign source?

\_\_\_\_\_ ☒ \_\_\_\_\_ \_\_\_\_\_

b. Facility expansion?

\_\_\_\_\_ ☒ \_\_\_\_\_ \_\_\_\_\_

c. Change of owner or operator?

\_\_\_\_\_ ☒ \_\_\_\_\_ \_\_\_\_\_

2. General Waste Analysis: 265.13

a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?

\_\_\_\_\_ 1 \_\_\_\_\_ None generated

b. Does the owner or operator have a detailed waste analysis plan on file at the facility?

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

3. Security - Do security measures include: (if applicable) 265.14

a. 24-Hour surveillance?

☒ \_\_\_\_\_ \_\_\_\_\_

or

b. i. Artificial or natural barrier around facility?

☒ \_\_\_\_\_ \_\_\_\_\_

and

ii. Controlled entry?

☒ \_\_\_\_\_ \_\_\_\_\_

c. Danger sign(s) at entrance?

\_\_\_\_\_ \_\_\_\_\_ Not Applicable

4. Owner or operator inspections: 265.15

a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?

\_\_\_\_\_ \_\_\_\_\_ No waste on site

\*Not Inspected

YES NO NI Remarks

b. Does the owner or operator have an inspection schedule at the facility?

N/A

c. If so, does the schedule address the inspection of the following items:

- i. monitoring equipment?
- ii. safety and emergency equipment?
- iii. security devices?
- iv. operating and structural equipment (i.e. dikes, pumps, etc.)?
- v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?
- vi. inspection frequency (based upon the possible deterioration rate of the equipment)?

d. Are areas subject to spills inspected daily when in use?

e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?

f. Does the inspection log contain the following information:

- i. the date and time of the inspection?
- ii. the name of the inspector?
- iii. a notation of the observations made?
- iv. the date and nature of any repairs or remedial actions?

5. Do personnel training records include: 265.16

a. Job titles?

b. Job descriptions?

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?				
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>if + when generated</i>
b. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

YES NO NI Remarks

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

b. Telephone or 2-way radios  
at the scene of operations?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

Indicate the volume of water and/or foam available for fire control:

City of Flint water supply

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

b. Is emergency equipment  
maintained in operable  
condition?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

5. Is there adequate aisle space  
for unobstructed movement?

\_\_\_\_\_ \_\_\_\_\_ N/A \_\_\_\_\_

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

YES NO NI Remarks

1. Does the Contingency Plan contain the following information: 265.52

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)

✓

b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?

✓

c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?

✓

d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?

✓

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

✓

2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53

✓

YES	NO	NI	Remarks
-----	----	----	---------

3. Emergency Coordinator 265.55

- a. Is the facility Emergency Coordinator identified?
- b. Is coordinator familiar with all aspects of site operation and emergency procedures?
- c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
--------------------------	-------------------------------------	--------------------------	--

Section G - CLOSURE AND POST CLOSURE (Part 26. Subpart G)

	YES	NO	NI	Remarks
<b>Closure 265.112</b>				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. estimated year of closure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>open ended</i>
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>*2. Post-Closure 265.118</b>				
a. Is the post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Not Applicable</i>
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB. facility monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the written post-closure cost estimate available? 265.144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*. Applies only to disposal facilities.

Section J - TANKS (Part 265, Subpart J)

YES NO NI Remarks

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192

✓ when in use

2. Do uncovered tanks have at least 60 cm (2 feet) of free-board, or dikes or other containment structures?

3. Do continuous feed systems have a waste-feed cutoff?

4. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193

5. Are required daily and weekly inspections done? 265.194

6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? 265.198  
Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

7. Are incompatible wastes stored in separate tanks? 265.199  
(If not, the provisions of 40 CFR 265.17(b) apply.)

8. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: \_\_\_\_\_ gallons

Tank diameter: \_\_\_\_\_ feet

Distance of tank from property line \_\_\_\_\_ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

# Appendix GN

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

## Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
<i>No waste generated</i>				
(1) Does the operator have copies of the manifest available for review? 262.40	_____	_____	_____	_____
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <i>None</i>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	_____	_____	_____	_____
b. Name, mailing address, telephone number, and EPA ID number of Generator	_____	_____	_____	_____
c. Name and EPA ID Number of Transporter(s)?	_____	_____	_____	_____
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	_____	_____	_____	_____
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	_____	_____	_____	_____
f. The total quantity of waste(s) and the type and number of containers loaded?	_____	_____	_____	_____
g. Required certification?	_____	_____	_____	_____
h. Required signatures?	_____	_____	_____	_____
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. _____				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. _____				

June 6, 1985

Mr. Gordon Schultz  
General Supervisor  
GMC AC Spark Plug Division  
1300 N. Dort Highway  
Flint, MI 48552

Re: MID 980568620  
Davison Engineering Facility

Dear Mr. Schultz:

On May 14, 1985, staff of the Department of Natural Resources conducted an investigation of your facility located at 1300 N. Dort Highway in Flint, Michigan to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended.

This inspection revealed that your facility was in compliance with the RCRA requirements evaluated at the time of the inspection. Compliance with these requirements does not limit the applicability of other provisions of the RCRA regulations. Enclosed is a copy of the inspection report for your information.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

HAZARDOUS WASTE DIVISION  
*Leroy Vahovick*

Leroy Vahovick  
Water Quality Specialist  
517-322-1687

LV/ms

Enclosure

cc: U.S. EPA - Region V

# RCRA Inspection Report

EPA Identification Number: M I D 9 8 0 5 6 8 6 2 0

Installation Name: GMC AC Spark plug - Davison Engineering

Location Address: 1300 North Dorr Highway

City: Flint

State: Mich

Date of inspection: 5/14/85 Time of inspection (from) 8:30 AM (to) 1:00 PM

Person(s) interviewed

Title

Telephone

Bill Cantrell

Owner/Manager

Carolyn Michman

Clerk

313-257-6257

Carson Roberts

Gen. Supervisor

Inspector(s)

Agency/Title

Telephone

Leroy Vahovich

Mich DNR Water Quality Spl 517-322-1687

Installation Activity (mark only one box)

Inspection Form(s)

☐ Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (no generation or Transportation)

A

☐ Generation and Transportation

B, C

☐ Generation only

B

☐ Transportation only

C

No waste shipped out during the past 6 months

This facility is presently using all waste gasoline, Therefore, no hazardous waste material is stored or removed from this site.



# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

S01	<input type="checkbox"/>	storage in containers	I
S02	<input checked="" type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

### Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	_____	_____	_____	_____
b. Facility expansion?	_____	_____	_____	_____
c. Change of owner or operator?	_____	_____	_____	_____
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	_____	✓	_____	<i>None shipped</i>
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	_____	_____	<i>N/A</i>	_____
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	_____	_____	<i>N/A</i>	_____
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	✓	_____	_____	_____
or				
b. i. Artificial or natural barrier around facility?	✓	_____	_____	_____
and				
ii. Controlled entry?	✓	_____	_____	_____
c. Danger sign(s) at entrance?	✓	_____	_____	_____
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	_____	_____	_____	<i>Not Applicable</i>

\*Not Inspected

YES NO NI Remarks

b. Does the owner or operator have an inspection schedule at the facility?

c. If so, does the schedule address the inspection of the following items:

i. monitoring equipment?

ii. safety and emergency equipment?

iii. security devices?

iv. operating and structural equipment (i.e. dikes, pumps, etc.)?

v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?

vi. inspection frequency (based upon the possible deterioration rate of the equipment)?

d. Are areas subject to spills inspected daily when in use?

e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?

f. Does the inspection log contain the following information:

i. the date and time of the inspection?

ii. the name of the inspector?

iii. a notation of the observations made?

iv. the date and nature of any repairs or remedial actions?

5. Do personnel training records include: 265.16

a. Job titles?

b. Job descriptions?

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

YES NO NI Remarks

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

b. Telephone or 2-way radios  
at the scene of operations?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

Indicate the volume of water and/or foam available for fire control:

City of Flint

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

b. Is emergency equipment  
maintained in operable  
condition?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

5. Is there adequate aisle space  
for unobstructed movement?

\_\_\_\_\_ \_\_\_\_\_ NA \_\_\_\_\_

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

\_\_\_\_\_ ✓ \_\_\_\_\_ \_\_\_\_\_

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	✓			
b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	✓			
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	✓			
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	✓			
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	✓			
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	✓			

	YES	NO	NI	Remarks
3. Emergency Coordinator 265.55				
a. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Emergency Procedures 265.56				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	NI	Remarks
Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>			
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>			<i>entire</i>
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>			
iv. estimated year of closure?	<input checked="" type="checkbox"/>			<i>1984 1985</i>
v. schedule of closure activities?	<input checked="" type="checkbox"/>			
c. Has closure begun?		<input checked="" type="checkbox"/>		
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?				<i>Not Applicable</i>
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?				
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable				
BB. facility monitoring equipment				
iii. name, address, and phone number of person or office to contact during post-closure care period?				
c. Has the post-closure period begun?				
d. Is the written post-closure cost estimate available? 265.144				

\*Applies only to disposal facilities.



Section J - TANKS (Part 265, Subpart J)

- |  | YES                                 | NO | NI                                  | Remarks |
|--|-------------------------------------|----|-------------------------------------|---------|
| 1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192   | <input checked="" type="checkbox"/> |    |                                     |         |
| 2. Do uncovered tanks have at least 60 cm (2 feet) of free-board, or dikes or other containment structures?  |                                     |    | <input checked="" type="checkbox"/> |         |
| 3. Do continuous feed systems have a waste-feed cutoff?  |                                     |    |                                     |         |
| 4. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193   |                                     |    |                                     |         |
| 5. Are required daily and weekly inspections done? 265.194   |                                     |    |                                     |         |
| 6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.198 |                                     |    |                                     |         |
| 7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.199   |                                     |    |                                     |         |
| 8. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes?  |                                     |    |                                     |         |

Tank capacity: \_\_\_\_\_ gallons

Tank diameter: \_\_\_\_\_ feet

Distance of tank from property line \_\_\_\_\_ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

# Appendix GN

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

## Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40				<u>No waste shipped out</u>
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>None</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?				
b. Name, mailing address, telephone number, and EPA ID number of Generator				
c. Name and EPA ID Number of Transporter(s)?				
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?				
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?				
f. The total quantity of waste(s) and the type and number of containers loaded?				
g. Required certification?				
h. Required signatures?				
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment.				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator.				

GES  
7/30/84  
Code 0

June 4, 1984

Gordon Schultz, General Supervisor  
GMC AC Spark Plug Division  
1300 North Dort Highway  
Flint, MI 48552

Re: MID 980568620  
Davison Engineering

Dear Mr. Schultz:

On May 24, 1984 staff of the Department of Natural Resources conducted an investigation of your facility located at 1601 North Averill Avenue in Flint, Michigan to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended.

My inspection revealed that your facility was in compliance with RCRA at the time of the inspection. Enclosed is a copy of the inspection report for your information.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

HAZARDOUS WASTE DIVISION

*Leroy Vahovick*  
Leroy Vahovick  
Water Quality Specialist  
517-322-1687

LV/mj

Enclosure

cc: Hazardous Waste Division  
U.S. EPA - Region V

# RCRA Inspection Report

EPA Identification Number: M I D 980568620

Installation Name: GMC AC Spark plug Dio

Location Address: 1601 North Averill Ave Davison Eng

City: Flint

State: Mich

Date of inspection: 5/24/84 Time of inspection (from) 8:30A (to) 12:00A

Person(s) interviewed

Title

Telephone

Gordon Schultz

General supervisor

313 257-6257

Inspector(s)

Agency/Title

Telephone

Leroy Vahovich

Mich DNR water quality sp

517-322-1687

Installation Activity (mark only one box)

Inspection Form(s)

- ☐ Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation A
- ☐ Treatment/Storage/Disposal (no generation or Transportation) A
- ☐ Generation and Transportation B, C
- ☒ Generation only see comments in back of report. B
- ☐ Transportation only C

This facility does not store hazardous waste. The hazardous <sup>waste</sup> that was shipped from this site, resulted from leakage in a raw product storage tank. The cleanup of this material was the source of the manifested waste shipped from this site during the past year.

# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

### Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

S01	<input type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

### Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

## Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

YES	NO	NI*	Remarks
-----	----	-----	---------

1. Has the Regional Administrator been notified regarding: 265.12

a. Receipt of hazardous waste from a foreign source?

b. Facility expansion?

c. Change of owner or operator?

2. General Waste Analysis: 265.13

a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?

b. Does the owner or operator have a detailed waste analysis plan on file at the facility?

c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?

3. Security - Do security measures include:  
(if applicable) 265.14

a. 24-Hour surveillance?

b. i. Artificial or natural barrier around facility?

and  
ii. Controlled entry?

c. Danger sign(s) at entrance?

4. Owner or operator inspections: 265.15

a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?

\*Not Inspected

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

YES NO NI Remarks

\_\_\_\_\_ ☒ \_\_\_\_\_

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

\_\_\_\_\_ ☒ \_\_\_\_\_

b. Telephone or 2-way radios  
at the scene of operations?

\_\_\_\_\_ ☒ \_\_\_\_\_

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

\_\_\_\_\_ ☒ \_\_\_\_\_

Indicate the volume of water and/or foam available for fire control:

City of Flint water.

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

\_\_\_\_\_ ☒ \_\_\_\_\_

b. Is emergency equipment  
maintained in operable  
condition?

\_\_\_\_\_ ☒ \_\_\_\_\_

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

\_\_\_\_\_ ☒ \_\_\_\_\_

5. Is there adequate aisle space  
for unobstructed movement?

\_\_\_\_\_ ☒ \_\_\_\_\_

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

\_\_\_\_\_ ☒ \_\_\_\_\_

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

YES ☒ NI Remarks

1. Does the Contingency Plan contain the following information: 265.52

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)

✓

b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?

✓

c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?

✓

d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?

✓

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

✓

2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53

✓



YES NO NI Remarks

Emergency Coordinator 265.55

- a. Is the facility Emergency Coordinator identified?
- b. Is coordinator familiar with all aspects of site operation and emergency procedures?
- c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

✓			
✓			
✓			

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

*None have occurred*

Section L - WASTE PILES (40 CFR Part 265, Subpart L)

	YES	NO	NI	Remarks
1. Are waste piles covered or protected from dispersal by wind? 265.251				<u>Not Applicable</u>
2. Is each in-coming movement of waste analyzed before being added to the waste pile? 265.252	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.253? 265.253	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.256	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.257	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
7. Are piles of incompatible waste protected by barriers or distance from other waste?	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

Section M - LAND TREATMENT (Part 265, Subpart M)

	YES	NO	NI	Remarks
1. Is treated hazardous waste capable of biological or chemical degradation? 265.270	<u>Not</u>		<u>Applicable</u>	
2. Are run-off and run-on diverted from the facility or collected				
3. Is waste analyzed according to 265.273?				
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?				
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available? 265.278				
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?				
7. Are records kept regarding application dates and rates, quantities, and locations, of all hazardous waste placed in the facility? 265.279				
8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? (Indicate if waste is ignitable or reactive.) 265.281				
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies) 265.282				

Section N - LANDFILLS (Part 265, Subpart N)

YES NO NI Remarks

1. General Operating Requirements 265.302  
Does the facility provide the following:

*Not Applicable*

a. Diversion of run-on away from active portions of the fill?

b. Collection of run-off from active portions of the fill?

c. Is collected run off treated?

d. Control of wind dispersal of hazardous waste?

2. Surveying and Recordkeeping 265.309  
Does the Operating Record Include:

a. A map showing the exact location and dimensions of each cell?

b. The contents of each cell and the location of each hazardous waste type within each cell?

3. Special requirements for ignitable or reactive waste. Are ignitable or reactive wastes treated so the resulting mixture is no longer ignitable or reactive? (Indicate if waste is ignitable or reactive.) 265.312

4. Special Requirements for Incompatible Wastes. 265.313

Does the owner or operator dispose of incompatible waste in separate cells? (If not, the provisions of 40 CFR 265.17(b) apply.)

Note: If waste is rendered non-reactive or non-ignitable see treatment requirements. If not, the provisions of 40 CFR 265.17(b) apply.

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>			
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period.	<u>14</u>			<i>This facility had a spill clean up during the past year</i>
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>			
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>			
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>			
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>			
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>			
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>			
g. Required certification?	<input checked="" type="checkbox"/>			
h. Required signatures?	<input checked="" type="checkbox"/>			
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>None</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>None</u>				

Remarks: The information contained in the 8/30/83 inspection report, contained some erroneous information.

This inspection report should take precedence over the 1983 report.

At the time of this inspection, no waste was being generated or stored. However, this company wishes to retain the TSD status, for future operations.

9559-20-83  
Code 0

September 2, 1983

G.M.C. - AC Spark Plug Division - Davidson Eng  
1601 North Averill Avenue  
Flint, Michigan 48552

~~MID 980 568 745~~

MID 980 568 620

Attention: Richard Johnson, Superintendent  
Manufacturing Services

Dear Mr. Johnson:

On August 30, 1983, staff of the Department of Natural Resources, acting as representatives of the United States Environmental Protection Agency, conducted an investigation of your Davison Engineering Facility in Flint, Michigan to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended.

My inspection revealed that your facility was in compliance with RCRA at the time of the inspection.

If you have any questions regarding this matter, please feel free to contact me at (517) 322-1687.

Sincerely,

HAZARDOUS WASTE DIVISION

Leroy Vahovick  
Water Quality Specialist  
Lansing District

LV/sp

cc: Bohunsky/Hazardous Waste Div.  
U.S. EPA - Region V

yes 9-20-83  
Code 0

RCRA Inspection Report

PA Identification Number: M I T 270010259

Installation Name: GMC AC Spark plug Div Davison Eng

Location Address: 1601 N. Averill Ave

City: Flint

State: MICH

Date of inspection: 8/30

Time of inspection (from) 8:30A (to) 11:00A

Person(s) interviewed

Title

Telephone

Richard Johnson Supervisor MFG Services 313 257-7745

Inspector(s)

Agency/Title

Telephone

Leroy Vahovich DNR Water Quality Sp/ 517-322-1688

Installation Activity (mark only one box)

Inspection Form(s)

- |   |      |
|---|------|
| <input checked="" type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A    |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation)                                   | A    |
| <input type="checkbox"/> Generation and Transportation  | B, C |
| <input checked="" type="checkbox"/> Generation only   | B    |
| <input type="checkbox"/> Transportation only  | C    |

No hazardous waste has been shipped from this site for  
the past 12 mos.



# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

S01	<input type="checkbox"/>	storage in containers	I
S02	<input checked="" type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

### Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?		✓		
b. Facility expansion?		✓		
c. Change of owner or operator?		✓		
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	✓			
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	✓			
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?				<i>None from off site</i>
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	✓			
or				
b. i. Artificial or natural barrier around facility?	✓			
and				
ii. Controlled entry?	✓			
c. Danger sign(s) at entrance?	✓			
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	✓			

\*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>			
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?	<input checked="" type="checkbox"/>			
ii. safety and emergency equipment?	<input checked="" type="checkbox"/>			
iii. security devices?	<input checked="" type="checkbox"/>			
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>			
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>			
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input checked="" type="checkbox"/>			
d. Are areas subject to spills inspected daily when in use?	<input checked="" type="checkbox"/>			
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input checked="" type="checkbox"/>			
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input checked="" type="checkbox"/>			date
ii. the name of the inspector?	<input checked="" type="checkbox"/>			
iii. a notation of the observations made?	<input checked="" type="checkbox"/>			15 problems exist
iv. the date and nature of any repairs or remedial actions?	<input checked="" type="checkbox"/>			
5. Do personnel training records include: 265.16				
a. Job titles?	<input checked="" type="checkbox"/>			
b. Job descriptions?	<input checked="" type="checkbox"/>			

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

YES NO NI Remarks

\_\_\_\_ ✓ \_\_\_\_

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

\_\_\_\_ ✓ \_\_\_\_

b. Telephone or 2-way radios  
at the scene of operations?

\_\_\_\_ ✓ \_\_\_\_

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

\_\_\_\_ ✓ \_\_\_\_

Indicate the volume of water and/or foam available for fire control:

entry of Flint & dry chemical

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

\_\_\_\_ ✓ \_\_\_\_

b. Is emergency equipment  
maintained in operable  
condition?

\_\_\_\_ ✓ \_\_\_\_

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

\_\_\_\_ ✓ \_\_\_\_

5. Is there adequate aisle space  
for unobstructed movement?

\_\_\_\_ ✓ \_\_\_\_

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

\_\_\_\_ ✓ \_\_\_\_

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	✓			
b. Arrangements agreed by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	✓			
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	✓			
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	✓			
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	✓			
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	✓			

YES NO NI Remarks

3. Emergency Coordinator 265.55

a. Is the facility Emergency Coordinator identified?

☒

b. Is coordinator familiar with all aspects of site operation and emergency procedures?

☒

c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

☒

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

☒

Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	NI	Remarks
<b>1. Closure 265.112</b>				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. estimated year of closure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>*2. Post-Closure 265.118</b>				
a. Is the post-closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>if necessary</i>
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
BB. facility monitoring equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the post-closure period begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Is the written post-closure cost estimate available? 265.144	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* applies only to disposal facilities.



Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Tank undamaged</i>
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Each day</i>
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>

*This material stored is gasoline.  
is being used in vehicles at this  
facility and is not disposed of.*

Section J - TANKS (Part 265, Subpart J)

YES NO NI Remarks

Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192

✓

2. Do uncovered tanks have at least 60 cm (2 feet) of free-board, or dikes or other containment structures?

— — — *N/A and no ground*

3. Do continuous feed systems have a waste-feed cutoff?

— — — *N/A*

4. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193

265.193

— — — *N/A gas only*

5. Are required daily and weekly inspections done? 265.194

✓

6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? 265.198  
Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

265.198

— — — *N/A*

7. Are incompatible wastes stored in separate tanks? 265.199  
(If not, the provisions of 40 CFR 265.17(b) apply.)

265.199

— — — *N/A*

8. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: 5000 gallons

Tank diameter: \_\_\_\_\_ feet

Distance of tank from property line 150' feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>			
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>None for past 6 yr</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>			
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>			
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>			
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>			
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>			
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>			
g. Required certification?	<input checked="" type="checkbox"/>			
h. Required signatures?	<input checked="" type="checkbox"/>			
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. <u>None</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>None</u>				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

- |   | YES | NO | NI | Remarks   |
|---|-----|----|----|---|
| 1. Is waste packaged in accordance with DOT regulations?<br>(Required prior to movement of hazardous waste off-site) 262.30   |     |    |    | <u>Bulk</u>                                       |
| 2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials?<br>(Required for movement of hazardous waste off-site) 262.31 262.32  |     |    |    | <u>N/A</u>  |
| 3. If required, are placards available to transporters of hazardous waste? 262.33   |     |    |    | <u>✓</u>  |
| 4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision |     |    |    |   |
| a. Is each container clearly marked with the start of accumulation date?  |     |    |    | <u>gas is used in vehicles</u><br><u>N/A Bulk</u> |
| b. Have more than 90 days elapsed since the date inspected in (a)?  |     |    |    | <u>N/A</u>  |
| c. Do wastes remain in accumulation tanks for more than 90 days?  |     |    |    | <u>N/A</u>  |
| d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?   |     |    |    | <u>N/A</u>  |

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

- |  | YES | NO | NI | Remarks  |
|--|-----|----|----|----------|
| 1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40 |     |    |    | <u>✓</u> |

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

- |  |  |  |  |            |
|--|--|--|--|------------|
| 1. Has the installation imported or exported Hazardous Waste? 262.50 |  |  |  | <u>N/A</u> |
| (If answered Yes, complete the following as applicable.)             |  |  |  |            |
| a. Exporting Hazardous waste; has a generator:                       |  |  |  |            |